Fill	in this information	to identify your case:		1 1100 11//	7-31-17		1 () (/;		ox only as directed in th	is form and in
De	ebtor 1	Ray		Wyatt, II				_	••	
		First Name	Middle Name	Last Name					no presumption of abu	
	ebtor 2								culation to determine if pplies will be made und	
(S	pouse, if filing)	First Name	Middle Name	Last Name					st Calculation (Official F	
Ur	nited States Bankru	uptcy Court for the:	Easterr	District of	Pennsylva	nia	-		ans Test does not apply I military service but it o	
-	ase number known)	24-12346							<u> </u>	
(11	Kilowili							☐ Check if the	nis is an amended filing	
Of	ficial Form	122A-1								
Cr	napter 7 S	Statement	of Your (Curren	t Mont	thly l	nco	me		12/19
attac and beca with	ch a separate shee case number (if kr nuse of qualifying this form.	et to this form. Include nown). If you believe t	e the line number that you are exemplete and file <i>State</i>	to which the a	additional information	formation of abuse b	applies because	On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		ital and filing status?								
		ill out Column A, lines		th Calumana A	and D. lines	0.44				
		our spouse is filing w our spouse is NOT fil	-			2-11.				
		he same household a				column A a	and B, lir	nes 2-11.		
	Living sep	parately or are legally	separated. Fill our	t Column A, li	nes 2-11; do	not fill out	Column	n B. By checkin	ng this box, you declare	
		nalty of perjury that yo re living apart for reas							es or that you and your 17(b)(7)(B).	
va ex	ried during the 6 m	nonths, add the incom	e for all 6 months a	and divide the	total by 6. F	ill in the re	sult. Do	not include an only. If you have mn A	ne amount of your mon by income amount more ye nothing to report for Column B Debtor 2 or	than once. For
							Debt	01 1	non-filing spouse	
2.	Your gross wages deductions).	s, salary, tips, bonuse	es, overtime, and o	commissions	(before all page	ayroll		\$0.00		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.								\$0.00		
5.	Net income from or farm	operating a business	, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$1,992.50						
	Ordinary and nece	essary operating expe	enses -	\$0.00						
	Net monthly incon	ne from a business, p	rofession, or farm	\$1,992.50		Copy here →		\$1,992.50		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating expe	enses -	\$0.00						
	N			\$0.00		Сору				
	net monthly incon	ne from rental or othe	r real property			here →		\$0.00		
7.	Interest, dividend	ls, and royalties						\$0.00		

Debtor 1

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	Titaly Million	<u> Page 2 c</u>	и 3 — опости	THE CITE (II KNOWN) LT 120-	-
	First Name Middle Name	Last Name	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unemployment compensation		\$0.00	non-ming spouse	
	Do not enter the amount if you contend that th under	e amount received was a benefit			
	the Social Security Act. Instead, list it here:				
	For you	\$0.00			
	For your spouse				
	9. Pension or retirement income. Do not include benefit under the Social Security Act. Also, ex do not include any compensation, pension, pa United States Government in connection with disability, or death of a member of the uniform retired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pentitled if retired under any provision of title 10. 10. Income from all other sources not listed ab Do not include any benefits received under the received as a victim of a war crime, a crime a domestic terrorism; or compensation, pension the United States Government in connection.	cept as stated in the next sentence, y, annuity, or allowance paid by the a disability, combat-related injury or ed services. If you received any nen include that pay only to the extent way to which you would otherwise be other than chapter 61 of that title. Sove. Specify the source and amount. The Social Security Act; payments against humanity, or international or no, pay, annuity, or allowance paid by with a disability, combat-related	<u>\$0.00</u>		
Pa	injury or disability, or death of a member of the list other sources on a separate page and pure Total amounts from separate pages, if any. 11. Calculate your total current monthly income each column. Then add the total for Column and the total for Column.	e. Add lines 2 through 10 for A to the total for Column B.	+ \$1,992.50	+	= \$1,992.50 Total current monthly income
12.	Calculate your current monthly income for the year	•		1	
	12a. Copy your total current monthly income from	line 11		Copy line 11 here →	\$1,992.50
	Multiply by 12 (the number of months in a year			x 12	
	12b. The result is your annual income for this part	of the form.		12b.	\$23,910.00
13	Calculate the median family income that applies to	o vou Follow these stens:		ı	
13.	, , , , , , , , , , , , , , , , , , , ,				
	Fill in the state in which you live.	Pennsylvania			
	Fill in the number of people in your household.	1		_	
	Fill in the median family income for your state and s To find a list of applicable median income amounts, instructions for this form. This list may also be available.	13.	\$66,923.00		
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official I	n the top of page 1, check box 1, <i>There i</i> Form 122A-2.	s no presumption of al	ouse.	

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

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First Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Date 07/23/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.